

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) KOVACH (FIRST) JAMES (MIDDLE) JOSEPH

1. Office, Agency, or Court

Agency Name CITIZENS FINANCIAL ACCOUNTABILITY OVERSIGHT COMMITTEE MEMBER
Division, Board, Department, District, if applicable Your Position

If filing for multiple positions, list below or on an attachment.

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

[X] State [ ] Judge (Statewide Jurisdiction)
[ ] Multi-County [ ] County of
[ ] City of [ ] Other

3. Type of Statement (Check at least one box)

[ ] Annual: The period covered is January 1, 2010, through December 31, 2010.
[ ] Leaving Office: Date Left
[ ] Assuming Office: Date 1/28/2011
[ ] Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None." Total number of pages including this cover page: 3
[ ] Schedule A-1 - Investments - schedule attached
[X] Schedule A-2 - Investments - schedule attached
[ ] Schedule B - Real Property - schedule attached
[X] Schedule C - Income, Loans, & Business Positions - schedule attached
[ ] Schedule D - Income - Gifts - schedule attached
[ ] Schedule E - Income - Gifts - Travel Payments - schedule attached
[ ] None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
700 LARIPSUR LANDING CIRCLE LARIPSUR CA 94.

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
JIKOVACH@ATHLETICCODE.COM

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the

Date Signed 2/20/11 Signature

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

Name  
JAMES J KOVACH

**▶ 1. BUSINESS ENTITY OR TRUST**

ATHLETIC CODE INC  
Name  
700 LARKSPUR LANDING CIRCE #175  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
GENETIC TESTING FOR ATHLETES

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED 10 / 10 / 10 DISPOSED

NATURE OF INVESTMENT  
 Sole Proprietorship  Partnership  C-Corp  
Other

YOUR BUSINESS POSITION CEO

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499  \$10,001 - \$100,000  
 \$500 - \$1,000  OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

\_\_\_\_\_

\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT  REAL PROPERTY

700 LARKSPUR LANDING # 175  
Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property

LEASEHOLD INTEREST IN PROPERTY  
Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED 10 / 10 / 10 DISPOSED

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership  
 Leasehold 0.5 Yrs. remaining  Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Name  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED 10 / 10 / 10 DISPOSED

NATURE OF INVESTMENT  
 Sole Proprietorship  Partnership  Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

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 \$500 - \$1,000  OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

\_\_\_\_\_

\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
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Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

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 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED 10 / 10 / 10 DISPOSED

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining  Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

